Maryland Board of Pharmacy
Public Board Meeting

Agenda
March 20, 2019

Name	Title	Present	Absent
Ashby, D.	Commissioner		
Bouyoukas, E	Commissioner		
Evans, K.	Commissioner		
Garmer, G.	Commissioner		
Hardesty, J.	Commissioner/Treasurer		
Laws Jr, A.	Commissioner		
Leikach, N.	Commissioner		
Morgan, K.	Commissioner/President		
Oliver, B	Commissioner		
Rusinko, K.	Commissioner		
Toney, R.	Commissioner/Secretary		
Yankellow, E.	Commissioner		
Bethman, L.	Board Counsel		
Felter, B.	Staff Attorney		
Speights-Napata, D.	Executive Director		
Fields, E.	Deputy Director /Operations		
Goldberg, D.	Pharmacist Investigator Supervisor		
Clark, B.	Legislative Liason		
Chew, C.	Management Associate		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)
I. Executive Committee Report(s)	**A.) K. Morgan, Board President** **B.) R. Toney, Secretary**	*Members of the Board with a conflict of interest relating to any item on the agenda are advised to notify the Board at this time or when the issue is addressed in the agenda.* **1. Call to Order** **2. Sign-in Introduction and of meeting attendees** – *(Please indicate on sign-in sheet if you are requesting CE Units for attendance)* **3. Distribution of Agenda and packet materials** 4. **Announcement:** April Board of Pharmacy Public Meeting will be held at University of Maryland, Eastern Shore's School of Pharmacy **5. Review and approve December 2018 and January 2019 Public Meeting Minutes**	
II. A. Executive Director Report	**D. Speights-Napata, Executive Director**	1. Ryan Burke, PTCB TCT **2.** Survey Summary--Rhonda	
B. Operations	**E. Fields, Deputy Director/ Operations**	**1. Procurement and Budget Updates** **a: February 2019 Financial Statements** **2. Management Information Systems (MIS) Unit Updates** **a: Systems Automation Enhanced Services**	
C. Licensing	**E. Bouyoukas, Commissioner**	**1. Unit Updates** **2. Monthly Statistics** **License Type** | **New** | **Renewed** | **Reinstated** | **Total**	

<table>
<tr><th>Subject</th><th>Responsible Party</th><th>Discussion</th><th>Action Due Date (Assigned To)</th></tr>
<tr><td></td><td></td><td>
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<tr><td>Distributor</td><td>8</td><td>0</td><td>0</td><td>1,336</td></tr>
<tr><td>Pharmacy</td><td>20</td><td>0</td><td>0</td><td>2.132</td></tr>
<tr><td>Pharmacist</td><td>51</td><td>441</td><td>0</td><td>12,071</td></tr>
<tr><td>Vaccination</td><td>23</td><td>29</td><td>0</td><td>4,699</td></tr>
<tr><td>Pharmacy Intern - Graduate</td><td>4</td><td>0</td><td>0</td><td>45</td></tr>
<tr><td>Pharmacy Intern - Student</td><td>7</td><td>11</td><td>0</td><td>867</td></tr>
<tr><td>Pharmacy Technician</td><td>116</td><td>251</td><td>3</td><td>9,820</td></tr>
<tr><td>Pharmacy Technician-Student</td><td>5</td><td>0</td><td>0</td><td>37</td></tr>
<tr><td>TOTAL</td><td>234</td><td>732</td><td>3</td><td>31,007</td></tr>
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<tr><td>D. Compliance</td><td>D. Goldberg, Pharmacist Investigator Supervisor</td><td>1. Unit Updates
2. Monthly Statistics
Complaints & Investigations:
New Complaints - 24
• Disciplinary Actions in Another State - 1
• Inspection Issues - 12
• Employee Pilferage - 2
• Dispensing Error - 1</td><td></td></tr>
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		• Expired CPR - 3 • Customer Service - 1 • Licensing Issues - 4 Resolved (Including Carryover) – 3 Actions within Goal – 3/24 Final disciplinary actions taken – 0 Summary Actions Taken – 2 Average days to complete - 77 **Inspections:** Total - 148 Annual Inspections - 134 Opening Inspections - 4 Closing Inspections - 2 Relocation/Change of Ownership Inspections - 2 Board Special Investigation Inspections – 6	
E. Legislation & Regulations	**B. Clark, Legislative Liason**	**Regulations** COMAR 10.34.05.05 Security Responsibilities COMAR 10.34.32.03 D Requirements to Administer Vaccinations COMAR 10.34.30 Applications COMAR 10.34.09 Fees **Legislation**	

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III. Committee Reports **A. Practice Committee**	**Evans, K. Commissioner**	MC – DTM – Application is incomplete (missing section 3 and advanced training) MC – DTM - Received training certificate **<u>Xavier Harrison</u>** I work for a medical device company in the oncology division. I visit and work in pharmacies in Maryland where cytotoxic drugs are compounded. My question specifically pertains to Single Dose Vials (SDV) and the use of Closed System Transfer Devices (CSTD's) to extend the Beyond Use Dating (BUD) of these types of vials. USP<797> specifically states single dose vials are to be used within 6 hours of opening if maintained in an ISO 5 environment or within 1 hour if not kept under those conditions. What is the State of Maryland Board of Pharmacy's position on this matter? **Proposed response:** I work for a medical device company in the oncology division. I visit and work in pharmacies in Maryland where cytotoxic drugs are compounded. My question specifically pertains to Single Dose Vials (SDV) and the use of Closed System Transfer Devices (CSTD's) to extend the Beyond Use Dating (BUD) of these types of vials. USP<797> specifically states single dose vials are to be used within 6 hours of opening if maintained in an ISO 5 environment or within 1 hour if not kept under those conditions. What is the State of Maryland Board of Pharmacy's position on this matter? **<u>Richard Erb</u>** I work in a waiver pharmacy in Pikesville and have been getting questions from some of our assisted living patients about the possibility of 'repackaging' items received from marijuana dispensaries in the state. We do repackage medication from other mail order pharmacies of prescription and non-prescription OTC medication. We repack in the 'cards' for dispensing at our assisted living facilities. The medication	

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		that we repack is always FDA approved medication that we verify by the markings on the tablets and capsules. The facilities have been inquiring about the possibility to REPACK something that is not legally allowed to be sold through a 'regular' pharmacy. What is the official ruling? **Proposed response**: As a DEA registrant, this would constitute illegal handling of a Schedule I controlled substance. Moreover, dispensaries are not pharmacies; repackaging is allowed only if the drugs come directly from another pharmacy. Thus, even absent the C1 issue, this practice is not permissible. **Susan Van Bergen** My name is Susan with Empower Pharmacy and I have a pharmacy licensing question. We are currently registered as a non-resident pharmacy with your state. We want to add additional customer service roles to our current location, but are limited on space. We plan to lease office space at a separate address nearby to house our additional customer service and data entry staff. No drugs will be stored or dispensed at this additional location. The Texas Board of Pharmacy requires that this additional location be registered as a Class G Pharmacy (Central Prescription Drug or Medication Order Processing). This Class G Pharmacy will only serve the patients from our main location. We will not perform any order processing for any other pharmacy. Given this scenario and the fact that our current location is already registered as a non-resident pharmacy, does your state require us to apply for an additional license? If so, what application must we fill out? **Response:** Because the facility has staff that are practicing pharmacy, it must obtain a non-resident pharmacy license. **Marianne Cloeren**	

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		I have a question about prescriptions written for patients who cannot be immediately examined (scenario is post-exposure prophylaxis for minor work inquiry after normal hours involving a monkey, with risk for B virus transmission). In such situations, would it be legal and acceptable to provide prescriptions for antiviral medication in advance, just in case, with clear instructions and training of the employees, and with follow-up the next day? In such cases, time is of the essence in starting the medication if indicated. And antiviral medication is not a controlled or abusable substance. Is there someone I can discuss this with? **Proposed response:** This is an acceptable practice, provided that the individuals are operating under the appropriate standard of care. **LisaMarie V Schultz** I am currently working at a pharmacy in Williamsport, MD and we have received prescriptions for hydrocodone with homatropine tablets from a veterinary hospital in Lavale, MD. Patient says local pharmacies cannot get medication and drive over an hour to our store to get medication. The veterinary authorized scripts when called for verification and DEA checks out online. My concern is there is not a good way to verify on CRISP since it is for an animal. I am just verifying that we can still fill this medication with the PDMP requirements. **Proposed response**: This matter is left to the pharmacist's professional judgment in consideration of the pharmacist's corresponding responsibility. **Dawn A Jacobs** Does the MD Board of Pharmacy authorize a pharmacist who is filling or refilling a prescription that has one or more refills to	

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		dispense the drug in a quantity or amount that varies from the quantity or amount that would otherwise be dispensed for maintenance/non-controlled meds (i.e. converting a script written for 30 days with 2 refills to a 1 time 90 day supply without contacting the clinician)? If so what is the related COMAR? **Proposed response:** A pharmacist may dispense refills up to a 90-day supply provided that it is not a CDS prescription, nor an initial fill or change to an original prescription. Md. Code Ann., H.O 12-511. **Becky Dant** I am writing to confirm which contraception products may be prescribed by Maryland pharmacists who have completed appropriate training. May they prescribe all self-administered forms (pills, patch, and ring)? Also, is depot medroxyprogesterone included? And if so, can the pharmacist administer it without and additional collaborative practice agreement or must it be dispensed to the patient for self-administration? **Proposed response:** All forms of self-administered contraception may be prescribed. Depo depends on the formulation; Sub-Q may be prescribed. **Delegate Hettleman** Would like the Board to consider requiring pharmacist to provide patients with a list of contraception care providers, even though the contraception stakeholder group rejected this recommendation response to this request is necessary. In deciding to not provide such a list, there were two main reasons that were discussed internally and with stakeholders. First, neither the law nor the regulations require such a list. Additionally, the list would be too difficult to keep up-to-date when taking into	

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		consideration the size of the state and the many different communities served by Maryland pharmacies. **Proposed response:** EVERY COUNTY HAS A LOCAL HEALTH DEPARTMENT. Consumers can be referred to their local health department (perhaps via Board's website FAQ's). Okay for Deena to respond now and just update the Board at its next meeting. **Jennifer Hardesty** Jennifer raised an issue regarding C2's in long-term care. **Response:** LINDA – Partial fills are okay as long as there is no conflicting state law. COMAR says that partial fills are only allowed if the pharmacy is unable to fill the entire prescription. Board of Pharmacy should draft an amendment to its regulations if we want to allow this practice. Needs to be presented to Board for consideration. **Mike Nye** Does the Board have any issues with the following: 1. Using gift card giveaways as a marketing strategy to persuade consumers to transfer their prescriptions to a particular pharmacy, e.g. "receive a $5 shell gas card for each prescription that your transfer to Pharmacy X"? 2. Using charity donations in the same manner as above, e.g. "$1 donated to Charity X for each prescription that you transfer to our pharmacy"? 3. Partnering with a charity for a larger, co-branded charitable effort. E.g. "Our pharmacy has partnered with Charity X to donate $1 from the proceeds of every prescription that we fill to Charity X."	

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B. Licensing Committee	**D. Ashby, Chair**	**1. Review of Pharmacist Applications:** **a. CJK-** The licensee is requesting approval of her pharmacist license and immunization renewal online application. The licensee was sent a status email that she states went to her SPAM folder. Had she had known that the Board was awaiting a copy of her current CPR card in order to renew her license, she would have provided it upon request. She would like to not have to file a reinstatement application and pay the reinstatement fee. ***Committee' s Recommendation:* Approve** **b. #119316-** The applicant is requesting ADA testing accommodations for the MPJE exam. His ADA Testing Accommodation application packet is dated 9/2/2016. His diagnosis is Specified Anxiety Disorder, Test Anxiety. ***Committee' s Recommendation:* Approve** **c. MM-** An email was sent in from a Pharmacist, who has been an active licensee in Washington, DC for two years. He needs to apply for a pharmacist license in Maryland and Virginia by reciprocity, but the issue is that he is not FPGEC certified. He passed his FPGEE on 9/30/2013, which expired before he passed the TOFEL on 12/01/2018. He is requesting that the Board waive the FPGEC certification requirement for a MDBOP pharmacist license. The applicant is applying for licensure for VA and MD at the same time. ***Committee's Recommendation:* Deny** ***d.* #119242-** The applicant is requesting that the Board refund the $300 reciprocity application fee. He is no	

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		longer looking to be licensed in Maryland. He is aware that application fees are nonrefundable. ***Committee's Recommendation:*** ***Deny*** ***e.*** **#117380**- The applicant sent in an email requesting approval to retake the MPJE for a 6th time. ***Committee' s Recommendation:*** ***Approve*** ***f.*** **#116311**- The applicant's MDBOP application is due to expire on 3/22/2019, she is requesting an extension of her MDBOP application. ***Committee' s Recommendation:*** ***Approve a six-month MDBOP application extension*** ***g.*** **#116269**- The applicant's MDBOP application is due to expire on 3/16/2019. He is requesting an extension of his MDBOP application, so that he would be able to retake the MPJE exam. He failed the MPJE exam for a 2nd time on 2/19/2019. Per NABP's exam policy, he will have to wait 30-days before he can retest. ***Committee' s Recommendation:*** ***Approve a six-month MDBOP application extension*** ***h.*** **NMQ**- The licensee is requesting the Board grant her the CE hours for attending the MDBOP's CE breakfast in October 2018. The Board's records show that she registered and paid online, but there is no record of her checking-in or signing the attendee list. Ellen Yankellow Recused ***Committee' s Recommendation:*** ***Approve*** **i.** **#118523**- The applicant/licensee is requesting that she be granted approval to sit for the MPJE exam because she has accumulated 1218 hours as a	

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		consulting pharmacist, not working inside of a pharmacy. The applicant has been a consulting pharmacist since 2012. She started her consulting company in December 2017. She has held a pharmacist license since 1995 through MD after obtaining a BS degree in Pharmacy, then PharmD in 1997, and a MS in Hospital Pharmacy Administration. She holds an active license in DC and just renewed it in February 2019. ***Committee' s Recommendation:*** ***Approve*** **2. Review of Pharmacy Intern Applications: NONE** **3. Review of Pharmacy Technician Applications:** **a. # T17124-** Registrant is requesting waiver of the exam requirement for registration that is expired more than two years. ***Committee's Recommendation:*** ***Deny, she must take the technician exam*** **4. Review of Distributor Applications: NONE** **5. Review of Pharmacy Applications: NONE** **6. Review of Pharmacy Technicians Training Programs: NONE** **7. New Business: NONE**	
C. Public Relations Committee	**E. Yankellow, Chair**	**Public Relations Committee Update:**	

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D. Disciplinary	**J. Hardesty, Chair**	**Disciplinary Committee Update**	
E. Emergency Preparedness Task Force	**N. Leikach, Chair**	**Emergency Preparedness Task Force Update**	
IV. Other Business & FYI	**K. Morgan, President**		
V. Adjournment	**K. Morgan, President**	**A. The Public Meeting was adjourned.** **B. K. Morgan convened a Closed Public Session to conduct a medical review committee evaluation of confidential applications.** **C. The Closed Public Session was adjourned. Immediately thereafter, K. Morgan convened an Administrative Session for purposes of discussing confidential disciplinary cases.** **D. With the exception of cases requiring recusals, the Board members present at the Public Meeting continued to participate in the Closed Public Session and the Administrative Session.**	